



**Finance & Administration Cabinet
EEO Complaint Form**

Section I. Complainant Information

Date: _____

1. First Name		Middle Initial	Last Name	
2. Home Address				
3. City		State	Zip	
4. Work Phone	5. Cell Phone		6. Personal E-Mail	
7. What is the best way to contact you?		<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Personal E-Mail <input type="checkbox"/> Other: _____		
8. Job Title				
9. Department/Agency				
10. Division/Branch				
11. Work Address				
12. City		State	Zip	

Complaint Filed Against

1. Name		2. Title	
3. Agency			
4. Work Address		City	State
5. Is this individual a: <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor <input type="checkbox"/> Contract Employee <input type="checkbox"/> Customer			
6. Is this person an employee of the Finance & Administration Cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No,' what additional information do you know about this individual to help us identify his/her employer?			

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Section II. Type of Complaint

1. Is this complaint based upon:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation		
2. Date(s) of the alleged violation(s):					
3. Is the discrimination, harassment or retaliation ongoing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Date of the last incident:					
5. I believe I have been discriminated or retaliated against, or harassed based upon (check all that apply):					
<input type="checkbox"/> Race	<input type="checkbox"/> Age (40 or older)	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Genetic Information		
<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Disability		
<input type="checkbox"/> Sex	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> National Origin		
<input type="checkbox"/> Ancestry					
6. If this is a retaliation complaint, what act of discrimination or harassment did you oppose and when?					
7. The discrimination, harassment or retaliation occurred in connection with (check all that apply):					
<input type="checkbox"/> Interview	<input type="checkbox"/> Hiring Selection	<input type="checkbox"/> Disciplinary Action			
<input type="checkbox"/> Promotion	<input type="checkbox"/> Transfer	<input type="checkbox"/> Training Opportunity			
<input type="checkbox"/> Demotion	<input type="checkbox"/> Compensation	<input type="checkbox"/> Other_____			

Section III. Description of Complaint

1. Briefly describe what happened. Please include dates, places, names and titles of persons involved. Add additional pages as necessary.

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2. Why do you think the action(s) taken against you were because of your race, color, sex, ancestry, age (40 or older), religion, gender identity, sexual orientation, political affiliation, veteran status, genetic information, disability or national origin?

3. What explanation, if any, was offered for the alleged action(s) by the person against whom you filed this complaint?

4. Have you participated in any grievances, complaints, or hearings involving discrimination, harassment or retaliation? If 'Yes,' please explain. (Attach additional notes, if necessary.)

5. Do you know of other employees who were treated the *same* way you allege you were treated?

☐ Yes ☐ No If 'Yes,' please provide name, title, race, sex and an explanation for each:

Name	Title	Race	Sex	Explanation

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6. Do you know of other employees who were treated <i>better</i> than the way you allege you were treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please provide name, title, race, sex and an explanation for each:				
Name	Title	Race	Sex	Explanation

7. Do you know of other employees who were treated <i>worse</i> than the way you allege you were treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide name, title, race, sex and an explanation for each:				
Name	Title	Race	Sex	Explanation

Answer the following questions ONLY if you are claiming discrimination, harassment or retaliation based on a disability, as defined by the Americans with Disabilities Act (as amended). If not, skip to Section IV.

1. Please check all that apply:		<input type="checkbox"/> Yes, I have a disability <input type="checkbox"/> I do not have a disability now, but I did have one. <input type="checkbox"/> No disability, but the organization treats me as if I am disabled. <input type="checkbox"/> No disability, but I have a known association with an individual with a disability.
2. What is the disability that you believe is the reason for the adverse action taken against you?		
3. Did you ask your employer for any changes or assistance to do your job because of a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' when did you ask? (provide dates)		
4. How did you ask? <input type="checkbox"/> Verbally <input type="checkbox"/> In Writing		
5. Who did you ask?	Name	Job Title
6. Describe the changes or assistance you requested:		
7. Did you provide any medical documentation pertaining to your request? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please explain and provide dates.		

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8. How did your employer respond to your request?

Section IV. Witnesses

Please identify witness(es) to the alleged incident(s).

Witness 1		
Name	Title	Agency
Work Address		Work Phone

Witness 2		
Name	Title	Agency
Work Address		Work Phone

Witness 3		
Name	Title	Agency
Work Address		Work Phone

Section V. Documentation

Please attach copies of any documents that you believe support your complaint.

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Section VI. Complaint Resolution

1. What specific solution do you recommend to resolve your complaint?

2. Are you willing to participate in mediation to resolve this complaint? ☐ Yes ☐ No

- ❖ Mediation usually involves two people who arrive at their own solution with the assistance of a mediator.
- ❖ Mediation does not affect the grievance or appeal process time frames and information obtained during the mediation session cannot be used in any future hearing.

Mediation will not be used when:

- There are allegations of criminal activity which should be reported to the authorities.
- There are allegations of serious misconduct which the organization is bound to use a formal process to investigate.
- If the mediator believes it would be unsafe or unproductive to utilize mediation.
- There is serious misconduct alleged which may include instances of bullying, harassment, or threatening behavior which are so serious or have been so damaging to the affected party that mediation would not be appropriate.

For more information about Mediation: <https://personnel.ky.gov/Pages/Mediation-Information.aspx>

Or Call: Office of Employee Relations, Workplace Relations Branch at (502) 564-5974.

Section VII. Accommodations

Please identify any accommodations necessary for us to communicate with you.

- | | |
|--|--|
| <input type="checkbox"/> Foreign Language Interpreter (specify language) | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Sign Language Interpreter (specify language) | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Electronic Mail | <input type="checkbox"/> Cassette Tape |
| <input type="checkbox"/> Computer Disc | <input type="checkbox"/> TDD |

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Section VIII. Certification of Information

I certify that all statements and information furnished above are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that intentional and malicious misstatements or false representations may result in disciplinary action.

Signature

Date

Please note: This form cannot be returned to you. Please make any copies needed for your own records.

If you have any questions regarding this form, please contact the EEO Coordinator at 502-564-2874.

Please return this form to:

Finance & Administration Cabinet EEO Coordinator

395 Capitol Annex

702 Capital Avenue

Frankfort, KY 40601